Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

2424511977

			SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY							
TOTAL CLAIMS			10					RATE	FEE	7	RATE	FEE	ĺ
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	1
TC	TAL CHARGE	ABLE CLAIMS	12 minus 20=		· 4)		X\$ 9=		OR	X\$18=		1
IN	DEPENDENT C	LAIMS	1 m	inus 3 =	· A			X43=		1	\		
MULTIPLE DEPENDENT CLAIM PRESENT								740-		OR			1
							+145=		OR	+290=	290	l	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1060	[
(CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	,
	Total	. 23	Minus	 26	2)	3		X\$ 9=		OR	X\$18=	150.0	2
	Independent		Minus	****	<u> </u>	-0-]	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=		
								TOTAL		OR	TOTAL	ich	
			ADDIT. FEE		OR	ADDIT. FEE	1.504	07					
		(Column 1) CLAIMS	<u> </u>	(Colun	EST	(Column 3)	1 r		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT	- · · <u>· · · · · · · · · · · · · · · · ·</u>	PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	trit	· · · · · · · · · · · · · · · · · · ·	=]	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=] [X43=		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=		
										OR	TOTAL	•	
		A	TOTAL DDIT. FEE		OR	ADDIT. FEE							
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		. .	lſ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=]	X43=	•		X86=		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	<u>-</u>	OR			
• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OF TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE													
		ber Previously Paid					er four	nd in the app	ropriate box	in col	umn 1.		